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4.b. Early and periodic screening, diagnosis, and treatment services:  
(continued)

C. Crisis stabilization. Crisis stabilization is an individualized mental health service designed to restore a recipient to the recipient's prior functional level.

- 1) Crisis stabilization cannot be provided without first providing crisis intervention.
- 2) Crisis stabilization is provided by a mental health professional or a mental health practitioner working under the clinical supervision of a mental health professional and for a crisis stabilization services provider. Mental health practitioners must have completed at least 30 hours of training in crisis intervention and stabilization during the past two years.
- 3) Crisis stabilization may be provided in a recipient's home, another community setting, or a supervised licensed residential program that is not an IMD that provides short-term services if the service is not included in the facility's reimbursement.
- 4) A crisis stabilization treatment plan must be developed, and services must be delivered according to the plan. If clinically appropriate, the recipient must participate in the development of the plan. The plan must be completed within 24 hours of beginning services and developed by a mental health professional or a mental health practitioner under the clinical supervision of a mental health professional. At a minimum, the plan must contain:
  - a) a list of problems identified in the assessment;
  - b) a list of the recipient's strengths and resources;
  - c) concrete, measurable short-term goals and tasks to be achieved, including time frames for achievement of the goals;

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4.b. Early and periodic screening, diagnosis, and treatment services:  
(continued)

- d) specific objectives directed toward the achievement of each goal;
- e) documentation of the participants involved in the service planning;
- f) planned frequency and type of services initiated;
- g) the crisis response action plan should a crisis occur; and
- h) clear progress noted on the outcome of the goals.

The services specified in items A through I below are not eligible for Medical Assistance payment:

- A. Recipient transportation services.
- B. Services provided by a nonenrolled Medical Assistance provider.
- C. Room and board.
- D. Services provided to a recipient admitted to an inpatient hospital.
- E. Services provided by volunteers.
- F. Direct billing of time spent "on call" when not providing services.
- G. Provider service time paid as part of case management services.
- H. Outreach services, which are services identifying potentially eligible people in the community, informing potentially eligible of the availability of mental health crisis response service, and assisting potentially eligible people with applying for these services.

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4.b. Early and periodic screening, diagnosis, and treatment services:  
(continued)

I. A mental health service that is not medically necessary.

**6 3. Services provided to recipients with severe emotional disturbance residing in a children's residential treatment facility are limited to:**

- A. Intake, treatment planning and support. This includes developing, monitoring and revising the treatment plan, recording the recipient's medical history, providing a basic health screening and referring for health services if necessary, assisting in implementing health regimes, medication administration and monitoring, coordinating home visits when consistent with treatment plan goals, coordinating discharge and referral for aftercare services, and travel and paperwork related to intake, treatment planning and support.
- B. Psychological examinations, case consultation, individual and group psychotherapy, and counseling. It includes testing necessary to make these assessments.
- C. Skills development. This means therapeutic activities designed to restore developmentally appropriate functioning in social, recreational, and daily living skills. It includes structured individual and group skills building activities.

It also includes observing the recipient at play and in social situations, and performing daily living activities and engaging in on-the-spot intervention and redirection of the recipient's behavior consistent with treatment goals and age-appropriate functioning.

- D. Family psychotherapy and skills training designed to improve the basic functioning of the recipient and the recipient's family in the activities of daily and community living, and to improve the social functioning of the recipient and the recipient's family in areas important to the recipient's maintaining or re-establishing residency in the community. This includes assessing the recipient's behavior and the family's behavior to the recipient, activities to assist the family in improving its understanding of normal child

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4.b. Early and periodic screening, diagnosis, and treatment services:  
(continued)

development and use of parenting skills to help the recipient achieve the goals of the treatment plan, and promoting family preservation and unification, community integration, and reduced use of unnecessary out-of-home placement or institutionalization. Family psychotherapy and skills training is directed exclusively to treatment of the recipient.

Covered services are:

1. Provided pursuant to an individual treatment plan based on recipients' clinical needs;
2. Developed with assistance from recipients' families or legal representatives; and
3. Supervised by a mental health professional.

**7 4. Personal care assistant services identified in an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP) under the Individuals with Disabilities Education Act (IDEA) and provided by school districts to children during the school day.**

- The services must meet all the requirements otherwise applicable under item 26 of this Attachment if the service had been provided by a qualified, enrolled provider other than a school district, with the following exceptions:
  - A. a personal care assistant does not have to meet the requirements of pages 78-78a and need not be an employee of a personal care provider organization;
  - B. assessments, reassessments and service updates are not required;
  - C. Department prior authorization is not required;
  - D. a physician need not review the IEP;

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4.b. Early and periodic screening, diagnosis, and treatment services:  
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- E. a personal care assistant provides services under the direction of a qualified professional or a physician, as designated in the IEP;
- F. service limits as described in this item do not apply; and
- G. PCA Choice is not an option.
- To receive personal care assistant services, the recipient or responsible party must provide written authorization in the recipient's care plan identifying the chosen provider and the daily amount of services to be used at school.

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6.d.A. Other practitioners' services.

**Mental health** services coverage is limited to those provided by the following mental health professionals within the applicable scope of licensure:

- (1) psychiatrist;
- (2) licensed psychologist;
- (3) licensed psychological practitioner;
- (4) licensed independent clinical social worker;
- (5) registered nurse with:
  - (a) certification as a clinical nurse specialist or nurse practitioner in psychiatric and mental health nursing; or
  - (b) a master's degree in nursing or one of the behavioral sciences or related fields, with at least 4,000 hours of post-master's supervised experience; and
- (6) licensed marriage and family therapists with at least two years of post-master's supervised experience. Covered Medicaid mental health services do not include marriage counseling.

Mental health services are subject to the same limitations as psychiatric services described under Item 5.a., Physicians' services.

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4.b. Early and periodic screening, diagnosis, and treatment services:

- Early and periodic screening, diagnosis and treatment service is a service provided to a recipient under age 21 to detect, prevent, and correct physical and mental conditions or illnesses discovered by screening services, and to provide diagnosis and treatment for a condition identified according to 42 CFR 441.50 and according to section 1905(r) of the Social Security Act.
- Initial and periodic screenings are provided as indicated by the periodicity schedule. Inter-periodic screens are available to recipients based on medical necessity. An EPSDT service can be requested by the recipient or performed by a provider at any time if medically necessary.
- Initial face-to-face and written notifications of recipients are followed up by county agencies with telephone contacts, letters, and/or home visits. Annual or periodic written renotifications may also be supplemented by personal contacts.

The following are in excess of Federal requirements:

- Screened recipients receive a written copy of any abnormal screening findings.

The following health care not otherwise covered under the State Plan is covered for children by virtue of the EPSDT provisions of Title XIX:

**Rehabilitative services as follows:**

- ~~1. Professional home-based mental health services for children are culturally appropriate, structured programs of intensive mental health services provided to a child who is at risk of out-of-home placement because of the severe emotional disturbance. For purposes of item 4.b., a child eligible for home-based mental health services means a child who meets the functional criteria defined in Supplement 1 of this Attachment for purposes of targeted case management, or a child who has an emotional disturbance and who meets one of the following criteria:~~

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

~~A. the child has been admitted within the last three years or is at risk of being admitted to inpatient treatment or residential treatment for an emotional disturbance;~~

~~B. the child is a Minnesota resident and is receiving inpatient treatment or residential treatment for an emotional disturbance through the interstate compact;~~

~~C. the child has one of the following as determined by a mental health professional:~~

~~1. psychosis or a clinical depression;~~

~~2. risk of harming self or others as a result of an emotional disturbance; or~~

~~3. psychopathological symptoms as a result of being a victim of physical or sexual abuse or of psychic trauma within the past year; or~~

~~D. the child, as a result of an emotional disturbance, has significantly impaired home, school or community functioning that has lasted at least one year or that, in the written opinion of a mental health professional, presents substantial risk of lasting at least one year.~~

~~The services are for the purposes of resolving an acute episode of emotional disturbance affecting the child, reducing the risk of the child's out-of-home placement, reunifying and reintegrating the child into the child's family after an out-of-home placement. The services are provided primarily in the child's residence but may also be provided in the child's school, the home of a relative of the child, a recreational or leisure setting or the site where the child receives day care.~~

~~A child (under age 21) is eligible for home-based mental health services, based on the results of a diagnostic assessment conducted or updated by a mental health professional within the previous 180 days. The diagnostic assessment must have determined that the child meets the functional criteria outlined, above, and is in need of home-based mental health services.~~

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

~~The following entities are eligible to provide home-based mental health services:~~

- ~~A. outpatient hospitals;~~
- ~~B. community mental health centers;~~
- ~~C. community mental health clinics;~~
- ~~D. an entity operated by or under contract to the county to provide home-based mental health services. A contracting entity cannot assign any contractual rights or obligations to a third party who is not an employee of the entity; and~~
- ~~E. an entity operated by or under contract to a children's mental health collaborative to provide home-based mental health services. A contracting entity cannot assign any contractual rights or obligations to a third party who is not an employee of the entity.~~

~~A provider of home-based health services must be capable of providing all of the components specified below. However, a provider is responsible to provide a component only if the component is specified in a child's individual treatment plan. Component A is covered as a mental health service under items 2.a, 5.a., 6.d.A. and 9 of this Attachment. Components B and C are covered as professional home-based therapy services.~~

- ~~A. diagnostic assessment;~~
- ~~B. individual psychotherapy, family psychotherapy, and multiple-family group psychotherapy; and~~
- ~~C. individual, family, or group skills training that is designed to improve the basic functioning of the child and the child's family in the activities of daily and community living, and to improve the social functioning of the child and the child's family in areas important to the child's maintaining or re-establishing residency in the community. For purposes of this item, "community" means the child's residence, work, school, or peer group. The individual, family, and group skills training must:~~

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

~~1. consist of activities designed to promote skill-development of both the child and the child's family in the use of age-appropriate daily living skills, interpersonal and family relationships, and leisure and recreational services;~~

~~2. consist of activities that will assist the family to improve its understanding of normal child development and to use parenting skills that will help the child achieve the goals outlined in the child's individual treatment plan; and~~

~~3. promote family preservation and unification, community integration, and reduced use of unnecessary out-of-home placement or institutionalization of eligible children.~~

~~To be eligible for medical assistance payment, the provider of home-based mental health services must meet the requirements in items A through F, below:~~

~~A. the service under component B, above, must be provided by a mental health professional skilled in the delivery of mental health services to children and their families.~~

~~B. the services under component C, above, must be provided by mental health professionals and mental health practitioners skilled in the delivery of mental health services to children and their families.~~

~~C. the services must be designed to meet the specific mental health needs of the child according to the child's individual treatment plan that is developed by the provider and that specifies the treatment goals and objectives for the child.~~

~~D. the provider must provide, or assist the child or the child's family in arranging crisis services for the child and the family of a child that must be available 24 hours per day, seven days a week.~~

~~E. the caseload of a home-based mental health service provider must be of a size that can reasonably be expected to enable the provider to meet the needs of the children and their families in the provider's~~

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

~~caseload and permit the delivery of the services specified in the children's individual treatment plans.~~

~~F. the services must be coordinated with the child's case manager for mental health services if the child is receiving targeted case management services.~~

~~Payment is limited to the following components of home-based mental health services:~~

~~A. diagnostic assessment~~

~~B. individual psychotherapy, family psychotherapy, and multiple-family group psychotherapy~~

~~C. individual skills training, family skills training, and group skills training~~

~~D. time spent by the mental health professional and the mental health practitioner traveling to and from the site of the provision of the home-based mental health services is covered up to 128 hours of travel per client in a six month period. Additional travel hours may be approved as medically necessary with prior authorization.~~

~~The services specified in A through J below are not eligible for medical assistance payment:~~

~~A. family psychotherapy services and family skills training services unless the services provided to the family are directed exclusively to the treatment of the recipient. Medical assistance coverage of family psychotherapy services and family skills training services is limited to face-to-face sessions at which the recipient is present throughout the therapy session or skills development session, unless the mental health professional or practitioner conducting the session believes the recipient's absence from the session is necessary to carry out the recipient's individual treatment plan. If the recipient is excluded, the mental health professional or practitioner conducting the session must document the reason for the length of time of the exclusion.~~